



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Health Care Quality

Office of Long Term Care
Residents Protection

DHSS - DHCQ
263 Chapman Road
Suite 200
Newark, Delaware 19702
(302) 421-7400

STATE SURVEY REPORT

Page 1 of 12

NAME OF FACILITY: Harmony at Kent

DATE SURVEY COMPLETED: August 15, 2022

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	<p>An unannounced Complaint Survey was conducted at this facility August 15, 2022, deficiencies contained in this report are based on observations and interviews. The facility census on the day of the survey was nineteen (19). The survey sample totaled three (3) residents.</p> <p>Abbreviations/definitions used in this report are as follows:</p> <p>NHA – Nursing Home Administrator RN – Registered Nurse</p>		
3225	Regulations for Assisted Living Facilities	3225	
3225.13.0	Service Agreements	3225.13.0	
3225.13.1	<p>A service agreement based on the needs identified in the UAI shall be completed prior to or no later than the day of admission. The resident shall participate in the development of the agreement. The resident and the facility shall sign the agreement, and each shall receive a copy of the signed agreement. All persons who sign the agreement must be able to comprehend and perform their obligations under this agreement.</p> <p>Based on record review and interview it was determined that for one (R1) out of three residents sampled, the facility failed to complete the service agreement at the time of admission. Findings include:</p> <p>7/5/22 – The initial UAI was completed prior to admission.</p> <p>8/9/22 - R1 was admitted to the facility from home.</p> <p>8/12/22 12:13 PM – A progress note indicated R1 was transferred to the hospital.</p>	<p>3225.13.1</p> <p>*The affected resident is no longer here so we are unable to correct this.</p> <p>*The Executive Director and the Healthcare Director have performed an audit on all 17 assisted living residents to ensure we are compliant. No other issues we found.</p> <p>*We have put a two person checks system into place to ensure that all UAI's and service plans are compliant going forward. The Healthcare Director and Executive Director are monitoring compliance on all service plans and UAI's.</p> <p>*We will continue to monitor this weekly for the next 60 days to ensure that we have 100% compliance. Once 100% compliance is achieved we will continue to perform 90 day reviews on all new admissions.</p>	<p>10/14/22</p> <p>10/14/22</p> <p>10/14/22</p>

Provider's Signature

Shirley German

Title

Executive Dir

Date

10/25/22



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Page 2 of 12

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16 Del. C. Chap. 11 §1108	8/12/22 – A Service Plan (facility's version of the Service Agreement) was time stamped as being activated at 2:27 PM after the resident went to the hospital.	*Our HER system (Yardi) is set up with a flagging and reminder system in place to ensure we are addressing concerns and remaining compliant with our service/care plans. The Healthcare Director sees the alerts upon log in.	10/14/22
	Posting of inspection summary and other information and public meetings.	16 Del. C. Chap. 11 §1108	
	(a) Each facility shall prominently and conspicuously post for display in a public area of the facility that is readily available to residents, employees, and visitors the following:	*All residents had the potential to be affected by this deficient practice.	
	(1) The license issued under this subchapter.	*Residents & Visitors that could potentially be affected by this deficient practice will be informed of all "Complaint Procedures and the 1-800 number" posters within the community.	9/23/22
	(2) A sign prescribed by the Department that specifies complaint procedures and provides the "1-800" hotline number to receive complaints 24 hours a day, 7 days a week.	*We did not have posters at the time of survey. Our Healthcare Director picked up the posters on 9/23/22 from the local licensing office.	9/23/22
	This requirement was not met as evidenced by:		
	Based on observations and interview it was determined that the facility failed to post the hotline number for residents and family members to make complaints to the state agency.	*The Healthcare Director and Executive Director have audited and confirmed that all AL admission agreements contain the process on filing a complaint with licensing and the phone number as well. We have also confirmed that the Ombudsman's information is included and correct. (pages 13, 14, 15 & 29)	10/14/22
	8/15/22 around noon – During an interview with FM1 it was stated "no" when asked were they aware of how to make a complaint to the 1-800 hotline number. It was further revealed that FM1 was not aware of a posting in the building.		
	8/15/22 around noon – Observations of the facility lacked the required posting of the 1-800 hotline number to receive complaints 24 hours a day, 7 days a week.	*The Director of Sales updated all admission agreements to contain the correct address and phone numbers are listed in the admission agreement.	10/14/22
	8/15/22 at 2:15 PM – During an interview with R2 (RN) it was confirmed that the facility did not have		

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STATE SURVEY REPORT

Page 3 of 12

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	the required 1-800 hotline number for the residents and families to make complaints to the state agency.	*Residents that were already admitted were given a letter with the correct address for the Division of Healthcare Quality.	10/17/22
		*All posters have been hung in areas throughout the community The Executive Director will perform and inspection monthly for the next 6 months to ensure all posters remain in compliance (height for wheelchair residents). After that we will monitor yearly. One poster was hung in the vestibule so it can be viewed by everyone upon entrance.	9/24/22
		All current residents attended a "Welcome New Resident" meeting on 9/22/22 and the information was repeated in the Resident Council meeting on 9/26/22. All new residents will be informed of the placement of posters upon admission by the Director of Sales.	9/26/22
16 Del. C. Chap. 11 § 1127	<p>Resident transfer or discharge</p> <p>(a) The facility must permit each resident to remain in the facility and not transfer or discharge the resident from the long-term care facility unless at least 1 of the following criteria has been met:</p> <p>(1) The transfer or discharge is both necessary for the resident's welfare and the resident's needs cannot be met in the facility with reasonable accommodations when assessed with due regard to the scope of the facility's license.</p> <p>(2) The discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.</p>		

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STATE SURVEY REPORT

Page 4 of 12

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	<p>(3) The transfer or discharge is appropriate because the safety of individuals in the facility is endangered by the clinical or behavioral status of the resident.</p> <p>(4) The transfer or discharge is appropriate because the health of other individuals in the facility would otherwise be endangered.</p> <p>(5) The resident has failed, after reasonable and appropriate notice, to pay for, or to have paid by Medicare, Medicaid, or third party, a stay at the facility leading to discharge provided that:</p> <p>a. A resident who becomes eligible for Medicaid after admission to a facility may only be charged allowable charges under Medicaid.</p> <p>b. A resident who has submitted the necessary paperwork for third-party payment may not be discharged if a final decision on the claim has not been issued.</p> <p>(6) The facility ceases to operate.</p> <p>(b) <i>Documentation.</i> — Transfers or discharges under this section must be documented in the resident's clinical record and must include all the following:</p> <p>(1) The basis for the transfer or discharge under subsection (a) of this section.</p> <p>(2) In the case of a transfer or discharge under paragraph (a)(1) of this section, all the following:</p> <p>a. The specific needs that cannot be met in the facility.</p> <p>b. The attempts made to meet those needs.</p>		

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STATE SURVEY REPORT

Page 5 of 12

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	<p>c. The services available at the receiving facility to meet those needs.</p> <p>(3) The certification of the resident's personal attending physician that transfer or discharge is necessary under paragraph (a)(1) or (a)(2) of this section.</p> <p>(4) A physician certification that transfer or discharge is necessary under paragraph (a)(3) or (a)(4) of this section.</p> <p>(c) Before a long-term care facility transfers or discharges a resident, the facility must issue a written notice of the transfer or discharge to the resident or resident's authorized representative under § 1122 of this title and, if known, a family member or legal representative of the resident, whose content conforms to subsection (b) of this section.</p> <p>(d) <i>Timing of the notice of transfer or discharge. —</i></p> <p>(1) Except as permitted under paragraph (d)(3) of this section, a notice of discharge must be issued by the long-term facility at least 30 days before the resident is transferred or discharged.</p> <p>(2) A long-term care facility may not discharge a resident during the pendency of administrative proceedings implementing a resident's appeal of a discharge.</p> <p>(3) Notice must be issued as soon as practicable before transfer or discharge when 1 of the following standards is met:</p> <p>a. An immediate transfer or discharge is required by the resident's urgent medical needs supported by the certification required under subsection (b) of this section.</p> <p>b. There is a significant and immediate threat to the health or safety of other individuals in the long-</p>		

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STATE SURVEY REPORT

Page 6 of 12

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	<p>term care facility as documented under paragraph (b)(3) or (b)(4) of this section.</p> <p>c. The resident was admitted solely on a respite basis not to exceed 14 days or as an emergency placement by the Department not to exceed 21 days.</p> <p>(e) The written notice described in paragraph (d)(3) of this section must include all the following in language comprehensible to the ordinary layperson subject to revision to meet known special language considerations of the recipient:</p> <p>(1) A detailed individualized explanation of each reason for the transfer or discharge.</p> <p>(2) The effective date of transfer or discharge.</p> <p>(3) The location to which the resident is transferred or discharged.</p> <p>(4) The time frame and procedure to appeal the action to the State.</p> <p>(5) The name, address, and telephone number of the State Long-Term Care Ombudsperson and Division.</p> <p>d (6) The name, address, and telephone number of the protection and advocacy agency for facility residents with developmental disabilities or mental illness.</p> <p>(f) In administrative and judicial proceedings implementing a resident's appeal of a transfer or discharge, resident rights and protections conferred by applicable federal law must be considered.</p> <p>(g) For any transfer or discharge authorized by subsection (a) of this section, the long-term care facility shall develop a plan with the participation of the resident and resident's authorized representative under § 1122 of this title, if any, to assist with orientation and the safe and orderly transfer or</p>		

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SK German

Title

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STATE SURVEY REPORT

Page 7 of 12

NAME OF FACILITY: Harmony at Kent

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	<p>discharge from the facility.</p> <p>(h) (1) If a resident is transferred out of a long-term care facility to an acute care facility or other specialized treatment facility all the following apply:</p> <p>a. The long-term care facility must accept the resident back when the resident no longer needs acute or specialized care and there is space available in the facility.</p> <p>b. If no space is available, the resident must be accepted into the next available bed.</p> <p>(2) For purposes of this subsection, "specialized treatment facility" means a health-care setting including, settings licensed or certified pursuant under this chapter or Chapter 22, 50, or 51 of this title.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview it was determined that for one (R1) out of one resident reviewed for discharge the facility failed to provide a complete transfer discharge notice and failed to return the resident to the facility from the acute care hospital. Findings include:</p> <p>7/5/22 – The initial UAI documented that R1 was alert to person, place, and time, had mild short-term memory loss, a long-term memory problem and was independent in activities of daily living. The resident participated in the assessment. The resident had a diagnosis of dementia, Alzheimer's type.</p> <p>7/26/22 - R1 signed a document prior to admission that stated, "If, after moving into the community the resident needs more care and supervision than what was originally assessed and is available in assisted living the resident/resident's representative will be responsible for providing the additional care and</p>		

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Stacy Higman

Title

Executive Dir

Date

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STATE SURVEY REPORT

Page 8 of 12

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	<p>services at their own expense until Harmony Square (dementia unit) opens for occupancy."</p> <p>8/9/22 - R1 was admitted to the facility from home.</p> <p>8/12/22 - R1 was transferred to the hospital by EMS (emergency medical services).</p> <p>8/12/22 - The facility emailed a letter of Discharge Notice to the Resident's daughter and son as well as had the letter delivered to the hospital emergency room. The letter included:</p> <p>...I am issuing this letter because of [resident name] repeated episodes of wandering outside of the facility unmonitored and his recent physical aggression toward Harmony at Kent staff and his private caregiver. Harmony at Kent has determined that [resident name] wandering behaviors and his recent aggressive behaviors toward others pose a substantial risk of harm to the health, safety and welfare of himself and others...must discharge [resident name] to a more appropriate care setting effective immediately to ensure his own safety and that of others...Unfortunately we are unable to permit him to return to our facility from [hospital name] ...</p> <p>The Discharge Notice lacked:</p> <ul style="list-style-type: none">-A detailed individualized explanation of each reason for the transfer or discharge.-The time frame and procedure to appeal the action to the State.-The name, address and telephone number of the State Long-Term Care Ombudsperson and Division of Health Care Quality. <p>The clinical record lacked:</p> <ul style="list-style-type: none">-The specific needs that cannot be met in the facility.-The attempts made to meet those needs.		

Provider's Signature

Sh. 3/18/2022

Title

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Date

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STATE SURVEY REPORT

Page 9 of 12

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	<p>-The services available at the receiving facility to meet those needs.</p> <p>-A certification from the resident's physician that the transfer / discharge was necessary.</p> <p>9/15/22 - Record review lacked notes and/or incident reports for R1.</p> <p>The following chronology was obtained through interviews with staff, R1's family/friends and private care giver:</p> <p>R1 was admitted on 8/9/22 and the family remained at the facility to assist with transition. The resident left the building seven times, four of those with family and the remaining three with staff or caregiver. The resident walked in the parking lot and on a couple occasions went to the sidewalk along the road and towards a neighboring development. R1 was hard to redirect back to the facility and police were called a few times to assist the resident in returning to the building. There was no evidence the resident left the building or the property alone or unwitnessed.</p> <p>On 8/12/22 R1 left the building with family/caregiver following. R1 became aggressive with the caregiver's redirection and the EMS/police were called again. The resident returned to the building. R1 left the building for a second time that morning with the private caregiver in attendance. The resident walked around the parking lot, did not become aggressive and went back to his apartment. Once in the building, R1 locked the caregiver out of the apartment for about 10 to 15 minutes. Once the door was opened the resident threw the caregiver's personal belongings out of the door and wanted her to leave. Shortly thereafter family arrived, and the resident went down to the dining area for lunch with them. During lunch EMS arrived to take the resident to the emergency room for evaluation. R1 was not displaying any behaviors when EMS arrived. The hospital evaluated the resident, but according to the hospital</p>		

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STATE SURVEY REPORT

Page 10 of 12

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	<p>case manager, the resident displayed no behaviors and they had no reason to admit R1. R1 remained at the hospital until 8/16/22 when a family member transported him to another State to a secured dementia facility.</p> <p>The facility failed to provide proper discharge/transfer notice and failed to allow R1 to return to the facility from the hospital when it was determined he did not need acute care.</p> <p>8/15/22 - Interview with E1 (NHA) and E2 (DON) confirmed that the facility would not be taking R1 back as a resident.</p>	<p>*The affected resident is no longer here so we are unable to correct this action.</p> <p>*All residents had the potential to be affected by this deficient practice.</p> <p>*We have put a protocol in place to ensure that we are reviewing documentation every 30 days to meet the intent of the regulation.</p> <p>*The Healthcare Director will access each resident that is admitted to the hospital to ensure they meet the criteria for assisted living.</p> <p>*If it is determined by the Health Care Director, the Medical Director and the Executive Director that the resident fails to meet the regulations to remain in assisted living we will work with the family to provide additional support to keep the resident and other residents safe until we are able to find proper placement for the resident.</p>	<p>9/30/22</p> <p>10/18/22</p> <p>10/18/22</p> <p>10/18/22</p> <p>10/18/22</p>

Provider's Signature

Dr. Vigerman

Title

Executive Dir

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STATE SURVEY REPORT

Page 11 of 12

NAME OF FACILITY: Harmony at Kent

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		*The Healthcare Director and Executive Director will review every resident transfer/discharge every 30 days until 100% compliant.	10/18/22
		*The Healthcare Director and the Executive Director will review every resident transfer/discharge every 90 days until 100% compliant.	10/18/22
		*The Healthcare Director and the Executive Director will review every resident transfer/discharge every 6 months until we are 100% compliant.	10/18/22

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STATE SURVEY REPORT

Page 12 of 12

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[Handwritten Signature]

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